

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025112

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 29-63

VS 300  
Rev. 4/59

0660  
3808

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>FILED JUL 3 1963</b> <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Tuscomb</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>Humphreys Hospt.</b>		d. STREET ADDRESS <b>5706 Prospect</b>	
3. NAME OF DECEASED (Type or print) First <b>KENNETH</b> Middle <b>ALLISON</b> Last <b>BEST</b>		4. DATE OF DEATH Month <b>June</b> Day <b>29</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-15-99</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <b>Samuel A. Best</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Hobroken</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. INFORMANT <b>K. A. Best</b> Address <b>Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYO CARDIAL FAILURE</b> DUE TO (b) <b>MYO CARDIAL INFARCTION</b> DUE TO (c) <b>CORONARY THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b> <b>5 DAYS</b> <b>6 DAYS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:48 P.</b> Month, Day, Year <b>6-24-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Tuscomb, Mo.</b>	
21. I attended the deceased from <b>6-24-63</b> to <b>6-29-63</b> and last saw him alive on <b>6-29-63</b>		22. SIGNATURE <b>L. S. Humphreys D.O.</b> (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6-30-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Kansas.</b>	
24. FUNERAL DIRECTOR <b>Phillips Funeral Home Eldon</b>		25. DATE RECD. BY LOCAL REG. <b>7-1-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. D. E. Kallenbach</b>		27. DATE SIGNED <b>6-30-63</b>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Bedon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.